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|  | Resident Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | | | | | | | |  | |  |  |  | Allergies | | | | | | | | | | | | | | | | | |  | Relevant Medical History | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  |  | |  |  |  | Drug Allergies | | | | | |  | | | | Nil Known | | | | | |  | |  | Other arthritis ie. gout, arthrosis, osteoarthritis | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  |  | |  |  |  | Other Allergies | | | | | |  | | | | Nil Known | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  |  | |  |  |  | Drug sensitivities | | | | | |  | | | | Nil Known | | | | | |  | |  |  | |  |
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|  |  |  | |  |  |  | Other sensitivities | | | | | |  | | | | Nil Known | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  |  | |  |  |  |  | | | |  | |  | Cellulitis,Anaemia, CABG x4 (2018), Ovarian Cancer, GORD, Hyperlipidemia, Multiple falls/syncope, Urinary incontinence, Osteoarthritis, Eczema, Lumbar back and hip pain, Renal Failure after Sepsis with C diff (2021),Dry eye syndrome, AMD cataract treated by L IOL implant, nausea, Anxiety, Depression, Insomnia | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  |  | |  |  |  | Risks / Safety Issues | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  |  | |  |  |  | Participating in | | | | | |  | | | | No | | | | | |  | |  |  | |  |
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|  |  |  | |  |  |  | Altered Behaviour Patterns | | | | | |  | | | | Yes | | | | | |  | |  |  | |  |
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|  |  |  | |  |  |  | Continence Problems | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | |  |  |  | Lack of insight into their own Safety | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | First Name | | | |  | Judith | | | | | | | |  |  | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | that may affect safety | | | | | |  | | | | No | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Surname | | | |  |  | | | | | | | |  |  | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Preferred Name | | | |  | Judy | | | | | |  |  |  |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  |  |  |  | Impaired | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Admitted Location | | | |  | / Room 009 / Grevillea Wing | | | | | | | |  |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  |  | Nutrition Problems | | | | | |  | | | | No | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | | |  |  | Behaviour puts Safety of others at Risk | | | | | |  | | | | No | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | | |  |  | Restraints used for Risk | | | | | |  | | | | No | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  |  |  | Sensory Deficits | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  |  |  | Religion / Culture | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  |  |  | Nationality | | | | | |  | | | | Australian | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | | | |  | |  |  |  | Level of Participation | | | | | |  | | | | I don't attend church | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Peter Ph: email:pj@yahoo.com.au | | | | | | | | | | | |  |  |  | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  |  | Language's Spoken | | | | | |  | | | | English. | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | Medical Practitioner's Name | | | |  |  | | | | | |  |  |  |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | | | | | | | | | |  | | Diet Type | | | | | | | | | | | | | | | | | |  | Hygiene Assistance | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | As per Judy's . | | | | | |  |  | | Diet Type | | | | | |  | | | |  | | | | | |  | |  | Full Assist | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  |  |  | | Normal diet- please offer milk based drinks with all meals. | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  |  |  | |  | Dressing upper body | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  |  | |  | | | | |  | |  |
|  | Support needed by families / | | | |  | no more at this point | | | | | |  |  | |  |  | |  | | | | |  | |  |
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|  |  |  |  | |  | Dressing lower body inc, socks/shoes | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  |  |  | | Diet Consistency | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Doing up buttons or zips | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | Main | | | | | |  | | | | Regular | | | | | |  | |  |  | |  | | | | |  | |  |
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|  | Requires meal to be cut up | | | |  | Yes | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | | |  | |  |
|  |  |  |  | | Vegetables | | | | | |  | | | | Regular | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  |  |  | |  | | | |  | |  | Undressing | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | Urinary Aids | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | |  | Washing body | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | Yes | | | | | |  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  |  |  | |  | | | |  | |  | Washing extremities | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | Yes | | | | | |  |  | |  | | | |  | |  |  | |  | | | | |  | |  |
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|  |  |  |  | |  | | | | | |  | | | |  | |  | Drying face | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  | for oral / injectable | | | | | | |  | | | One medication at time with water | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Staff to attend to all aspects of topical | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Complex Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | For my choice, dignity and quality of life to be maximised | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | confined to bed and/ or c, or cannot self ambulate. The plan must include | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Related to | | | | | | | | | | | | | | | | | |  | Please note: the Language/s this person speaks is listed on the front page | | | | | | | | | | | | | | | | | | |  | |  |
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|  | For my communication to be maximised with assistance Fo any complications to be minimised and for | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | Related to (Speech difficulties) | | | | | |  | | | | no | | | | | |  | |  |  | |  |
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|  |  | |  | | | |  | |  | Can resident use a call bell? | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | Cognitive deficit or speech | | | | | |  | | | | no | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Hearing deficit | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | | I may struggle at times | | | | | |  | |  |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | I sometimes struggle remembering things in the . | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Related to visual changes | | | | | |  | | | | Nil | | | | | |  | |  | Glasses | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  | For my to be maximised with assistance Fo any complications to be minimised and for | | | | | | | | | | | |  | |  | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | | | |  | |  | Type of glasses | | | | | | |  | | The glasses have a gold frame | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Interventions to optimise | | | | | | |  | | Ensure Judy's glasses are kept clean. | | | | |  | | | | |  | |  |
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|  |  | | | | | | |  | Relevant Assessment Details | | | | | | | | | | | | |  | | Interventions | | | | | | | | | | | | |  | Assessment - assist with | | | | | | | | | | | | | | | |  |  |
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|  |  | |  |  | | |  |  | Related to | | | | | | |  | N/A | |  | | |  | | C type uses during day | | | |  | | Electronic recliner with foot raise/lower | | | | |  | |  | Staff to hand resident their aid | | | | | | |  | | Yes | |  | | | | |  |  |
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|  | For my deficits to be identified and managed with physical assistance For any complications be minimised | | | | | | |  |  | | | | | | |  |  | |  | | |  | |  | |  | |  |  | |  | | | | |  |  |
|  |  | Posture | | | | | | |  | stooped | |  | | |  | |  | |  | |  |  | |  | | | | |  |  |
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|  |  | Weight bearing ability | | | | | | |  | N/A | |  | | |  | |  | | | |  | |  | |  |  | |  | | | | |  |  |
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|  |  |  |  | | |  | | Strategies to minimize impaired issues | | | |  | |  | | | | |  | |  | Staff to lock resident's w'c wheels for transfers & adjust/ side arms | | | | | | |  | | Yes | |  | | | | |  |  |
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|  |  | Hand Grip | | | | | | | | | | | | |  | |  | |  | | | | |  | |  |  | |  | | | | |  |  |
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|  |  | |  |  | | |  |  |  | | | | | | |  |  | |  | | |  | | - Electric bed, ensuring at suitable height  - Ensure appropriate footwear - Ensure room is free of clutter and hazards - Provide assistance throughout transfers and with the usage of her  - Ensure call bell is within reach; encourage Judith to use it for all her needs  - Regular medication review - Encourage exercises/movement to maintain current level of function - Regular schedule to minimise | | | | | | | | | | | | |  |  | |  | | | | |  |  |
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|  |  |  | | | | | | |  |  | |  | | |  | |  | Detail to transfer | | | | | | |  | |  | |  | | | | |  |  |
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|  |  |  | | | | | | |  |  | |  | | |  | |  | 1 x physical assistance w for all transfers and .   Staff to provide support at Judith’s shoulder and hip throughout transfers because Judy has globalised weakness, the physical assistance in these areas will give reassurance and add another level of safety in the transfer. Please ensure she uses her arms to push off from arm rest to assist with the transfer. Prior to sitting, please ensure Judith is standing directly in front of c and reaching for arm rest to lower herself in a controlled manner, otherwise, she will have an uncontrolled descent into c. | | | | | | | | | | | | | | | |  |  |
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|  | Minimise falls and | |  | Yes | | |  |  |  | | | | | | |  |  | |  | | |  | |  |  |  |
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|  | Falls and injuries | |  | x1 staff assisted transfers and | | |  |  |  | | | | | | |  |  | |  | | |  | |  |  |  |
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|  | Maintenance/Improve | |  | With assistance x 1 | | |  |  |  | | | | | | |  |  | |  | | |  | |  |  |  |
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|  |  | |  | With assistance x 1 | | |  |  |  | | | | | | |  |  | |  | | |  | |  |  |  |
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|  | Improve/maintain sit- | |  | use of | | |  |  |  | | | | | | |  |  | |  | | |  | |  |  |  |
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|  | Other | |  | 24/7 assistance | | |  |  |  | | | | | | |  |  | |  | | |  | |  |  |  |
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|  |  |  |  |  | | | | | | |  |  | |  | | |  | |  | Transfer aids used | | | | | | |  | | 1A + | |  | | | | |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Seating preferences | | | |  | | Electronic recliner | | | | |  | |  |  | |  | |  | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | | | |  | |  | 1 x physical assistance w for all for up to 15m due to the above-mentioned issues including poor gait. Staff to provide her with support at shoulders and hips throughout ambulation. Please ensure pathway is clear of clutter (trip hazards) as she no longer possess the fitness and reactive balance capability to react in time should she trip over avoidable clutter.   Should Judith require travelling for further distances (more than 15m) staff to proceed to use 1 x physical assistance w wheelc for propulsion. | | | | | | | | | | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | | | |  | |  | Other aids | | | | | | |  | | 1A + | |  | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | | | |  | |  | Due to globalised weakness, 1x super and assistance PRN. | | | | | | | | | | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rolling left/right - 1 x super for | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | rolling left/right due to , multiple areas of pain, and depression (reduced ability to initiate and execute task). Globalised weakness and reduced trunk control cause difficulty for Judy to initiate rolling. Staff to provide verbal and tactile cues to facilitate rolling safely and slowly. Please ensure Judy is positioned in the centre of the bed and does not roll out to the sides of the bed. Moving up the bed - 1 x super for moving up the bed due to the abovementioned reasons. Judy has reduced quadriceps and gluteal strength and will have difficulty moving up the bed efficiently. Staff to provide verbal and tactile cues to encourage Judith to bridge (lift bottom off the bed slightly higher) and push from the legs to move up the bed. Lie ↔ Sit – 1 x super for lie ↔ sit as per reasons above. Staff instruct Judith to roll as per above instructions to side where she wants to get out from. Then raise bed head to an inclination and give verbal cues to ensure Judy maintains an upright posture while moving to sitting position. Please ensure bed is at correct height so that her feet are placed firmly on the ground at the end of maneuvers. | | | | | | | | | | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Aids used in bed | | | | | | |  | | 1A + bed mechanics. | |  | | | | |  | |
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|  | Potential for Injury / Risk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | |  | Relevant Assessment Details | | | | | | | | | | | | |  | | Interventions | | | | | | | | | | | | |  | that may impact on Falls/Safety | | | | | | | | | | | | | | | |  |  |
|  |  | |  | | | | |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | | | | | | | | |  |  | | | | | |  | |  | | | | | |  | |  |  |
|  |  | |  | | | | |  | Types of falls in | | | | | | | | | | | | |  | | Continence safety issues | | | |  | | | | | | | | |  |  | | | | | |  | |  | | | | | |  | |  |  |
|  |  | | | | |  |  | |  | | | | | | | | |  | Medication - generic and trade names | | | | | |  | | Melatonin | | | | | |  | |  |  |
|  |  | |  | | | | |  |  | |  | | | | | | | | |  |  | |  | |  |  |
|  | For any potential risks to be minimised by physical assistance staff according to my and maintenence of my dignity. | | | | | | |  |  | |  | | | | | | | | |  |  | |  | |  |  |
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|  |  | Lost Balance | | | | | | |  | Yes | |  | | |  | |  | | | | | | | | |  |  | |  | |  |  |
|  |  |  |  | | |  | |  | | | |  | | | | | | | | |  |  | |  | |  |  |
|  |  |  |  | | |  | | continence aids Regular schedule. Staff reassure Judy and answer her buzzer promptly | | | | | | | | | | | | |  |  | |  | |  |  |
|  |  |  | | | | | | |  |  | |  | | |  | |  |  | |  | |  |  |
|  |  | Legs Collapse | | | | | | |  | Yes | |  | | |  | |  |  | |  | |  |  |
|  |  |  |  | | |  | |  |  | | | | | |  | |  | | | | | |  | |  |  |
|  |  |  |  | | |  | |  | Possible adverse effects which affect safety | | | | | |  | | drowsiness, Dizziness | | | | | |  | |  |  |
|  |  |  | | | | | | |  |  | |  | | |  | |  |  | |  | |  |  |
|  |  | Other Types of falls in | | | | | | |  |  | |  | | |  | |  |  | |  | |  |  |
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|  |  | |  | | | | |  | 31/8/22, fall, 05/04/22 Skin tear to L upper arm 0130 hours15/10/21 FOF nil injury multiple falls over the 10 years. | | | | | | | | | | | | |  | |  |  | |  | |  |  |
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|  |  | |  | | | | |  |  | | Sensory deficit safety issues | | | |  | | | | | | | | |  |  | |  | |  |  |
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|  |  | |  | | | | |  |  | |  | | | | | | | | |  | Medication - generic and trade names | | | | | |  | | Mirtazapine | | | | | |  | |  |  |
|  |  | |  | | | | |  |  | |  | | | |  | | | | | | | | |  |  | |  | |  |  |
|  |  | |  | | | | |  |  | | Judy has visual loss and wears glasses during the day. | | | | | | | | | | | | |  |  | |  | |  |  |
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|  |  | |  | | | | |  |  | | | | | | |  |  | |  | | |  | | Behaviour safety issues | | | | | | | | | | | | |  |  | |  | |  |  |
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|  |  | |  | | | | |  |  | | | | | | |  |  | |  | | |  | |  | Possible adverse effects which affect safety | | | | | |  | | Feeling sleepy, | | | | | |  | |  |  |
|  |  | |  | | | | |  |  | | | | | | |  |  | |  | | |  | |  | | | |  | | | | | | | | |  |  | |  | |  |  |
|  |  | |  | | | | |  |  | | | | | | |  |  | |  | | |  | | Behaviour related safety issues | | | |  | | | | | | | | |  |  | |  | |  |  |
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|  |  | |  | | | | |  |  | | | | | | |  |  | |  | | |  | | Lacks in insight with inherent dangers of attempting to without assistance. x1 staff assistance using . Staff encourage Judy to ring her buzzer when she needs assistance | | | | | | | | | | | | |  |  | | | | | |  | |  | | | | | |  | |  |  |
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|  |  | |  | | | | |  |  | | | | | | |  |  | |  | | |  | | Lack of insight issues | | | |  | | | | | | | | |  |  | | | | | |  | |  | | | | | |  | |  |  |
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|  |  | |  | | | | |  |  | | | | | | |  |  | |  | | |  | | X1 staff assistance transfers and  use of  Regular schedule. Staff reassure Judy and answer her buzzer promptly | | | | | | | | | | | | |  |  | | | | | |  | |  | | | | | |  | |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Psychotropic Medication Risk Review | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Commencement location | | |  | | In facility | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Medication name | | |  | | Mirtazapine . | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Diagnosis or Indication | | |  | | Depression | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Date review | | |  | | 19/06/2024 | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Relevant information has been provided and / or explained to the resident and / or the Substitute Decision Maker | | |  | | Yes | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Informed consent received from | | |  | | Substitute Decision Maker | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | If the resident did not give the consent, who did? | | |  | | Peter | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Treating Physician Name | | |  | | Dr Aramjit Ruba | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
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|  | Urinary Continence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Independent - resident manages own urinary continence | | | | | |  | | | | Yes | | | | | |  | |  | Concerns about elimination | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | |  | |  |  | |  |
|  | To minimise my risks of falls and pain by accepting physical assistance and and feel I have a level of independence | | | | | | | | | | | |  | |  | | | |  | |  |  | |  |
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|  |  | |  | | | |  | |  | Aids Required | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | Type(s) of incontinence | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  |  | | | | | | |  | | ABENA - LO - Pants | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Functional | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Stress | | | | | |  | | | | Yes | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Urgency | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | |  | |  | Continence m'ment times | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Type(s) of incontinence | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | On rising, before and after meals, morning and afternoon tea on retiring and when Judith is awake overnight | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Frequency | | | | | |  | | | | Judy wears pullup pants | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Recognizes sensation to urinate | | | | | |  | | | | Sometimes | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | |  | |  | Times to check aids | | | | | | |  | | As per times | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | |  | |  | Times to prompt to toilet | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Assist with schedule , manage incontinence, all tasks | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Care after incontinence | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Full assistance with peri / anal hygiene, adjust clothing, changing of pads and all tasks | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Monitor for any skin breakdown or signs of infections | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Bowel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Related to a lack of | | | | | | | | | | | | | | | | | |  | Bowel Pattern | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | |  |
|  | To minimise my risks of falls and pain by accepting physical assistance and and feel I have a level of independence. Assist with my constipation by encourage me to drink more fluids and more fibre rich foods | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | Exercise | | | | | |  | | | | Yes | | | | | |  | |  | Constipation | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | Fibre | | | | | |  | | | | Yes | | | | | |  | |  | Bowel action triggers to monitor | | | | | | |  | | None | | | | |  | | | | |  | |  |
|  |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | | |  | |  |
|  |  | | Fluids | | | | | |  | | | | Yes | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | |  | |  | Bowel program | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Staff need to Monitor & record Judy's bowel motions each shift. Pear juice to be given at breakfast. Staff Provide fruit daily and other Fibre rich foods to prevent constipation. Encourage adequate fluid intake, offer fluids at each meal, M/Tea, A/Tea, Supper and after attending any ADLs/PAC etc.  Also always have a drink in front of her when she is sitting in her c.  Day 2 Bowels not open increase regular aperients and fluids Day 3 Bowels not opened report to RN | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Other bowel function issues to address | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Ostomy type if applicable | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | | | | | | | | | |  | | Interventions | | | | | | | | | | | | | | | | | |  | Assessment | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Staff need to encourage Judy to ask for physical assistance so to manage her risk of fails and to help better manage her pain with my deficits Regular schedule to minimise . | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | |  | | | | | | | | | | | | | | | | | |  | Clothing adjustment after | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | |  | | | | | | | | | | | | | | | | | |  | Post toilet hygiene wipe / | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | Detail intervention to be provided | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | Judy needs staff to physically assist her to the toilet and help her with my needs. She requires orientation to the task at hand. There was reduced grip strength in bilateral hands with herberden’s nodes and bouchard’s nodes present. Judy requires multiple prompts and additional time to complete finger thumb opposition due to reduced cognition. She was only able to perform it on one hand (L side) due to partial amputation of her 3rd digit of her R hand and duypuytren’s contracture of the 4th digit of the R hand. The speed at which she completed the task was at a non-functional rate. With finger to nose test, no attempt to touch her nose between repetitions was made unless repeatedly prompted. She used both hands interchangeably to connect with the assessor’s hand as she was not able to follow two step instructions. The accuracy of finger placement for finger to nose test was poor, indicating trouble judging distance and impaired coordination. This impacts on Judy’s ability to functionally grasp and manipulate cleaning articles such as toilet paper and manipulate small items such as buttons and zips. Judy experiences reduced range and strength in her upper limbs, which is exacerbated by pain in her bilateral shoulder. This impacts on her ability to effectively place her hands behind her back and to attend to perianal hygiene.Judith has reduced exercise tolerance and is | | | | | | | | | | | | | | | | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | quick to experience fatigue. She experiences pain and stiffness through her lower back. This impacts on Judy's ability to reach outside of her base of support, bend and rotate through her trunk. Poor core control impacts on her ability to control her descent into sitting. Pain, globalised weakness, and reduced ROM through her knees further impacts on her standing balance. Reduced flexion through the hip impacts on her ability to reach her feet and bend. Staff are required to physically assist Judith to the toilet as per identified plan. Staff are required to physically assist Judy to position safely onto the toilet. Staff are required to physically assist with perianal hygiene and clothing adjustment pre- and post-. | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Number of staff required for | | | | | | |  | | x1 | | | | |  | | | | |  | | |
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|  | Self Care Needs - Bathing / Hygiene / Dressing Grooming | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Interventions | | | | | | | | | | | | | | | | | |  | Assessment | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Prefers | | | | | | | | | | | | | | | | | |  | Needs the assistance for hygiene | | | | | | | | | | | | | | | | | | |  | |  |
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|  | For my hygiene needs to be met with physical assistance from staff and I will be dressed and groomed in accordance with my needs/preferences. | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | Bath, Shower or Both | | | | | |  | | | | Shower | | | | | |  | |  | Needs full assistance | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | When | | | | | |  | | | | Every Day | | | | | |  | |  | Help with undressing | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Time AM | | | | | |  | | | |  | | | | | |  | |  | Washing body | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | I wake about 0800 when I go to the toilet, have my breakfast, then sit in my c watching my TV. I particularly like quizz shows | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | Washing face | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Washing extremities | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Drying face | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Time PM | | | | | |  | | | | I like to go to bed at 2030 in the evening | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | |  | |  | Drying body | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Resident staff preference for care | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Dressing lower body | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Female | | | | | |  | | | | Yes | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | |  | |  | Doing up buttons or zips | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Bathing / showering preferences / routines | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Cleaning teeth/dentures | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Toiletries | | | | | |  | | | | QV lotion and Vegesorb for dry skin | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | |  | |  | care | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Detail intervention to be provided | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Equipment / aids used | | | | | |  | | | | shower c | | | | | |  | |  |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | care details | | | | | |  | | | | The dresser washes and sets my weekly | | | | | |  | |  |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | |  | |  | Staff to encourage with tasks Judith able to attended on own and staff to assist with tasks needing help with. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | |  | Aids used | | | | | | |  | | shower c | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Special Routines | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | My preference for the evening is to brush my teeth after dinner at night, I toilet then change into my night clothes, pajamas in winter and nighty in summer. I like to stay in my recliner watching TV until I'm ready to go to bed about 2030 hours | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Cream details | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Emollient or barrier cream | | | | | |  | | | | moisturizer BD | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Times to apply cream(s) within a 24 hr period: | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Apply Cream after morning shower and before bed at night | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | | | | | | | | | | | | | | | Laundering / Linen / Towel Preferences | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Weekly linen change | | | | | |  | | | | Yes | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | If others, please specify | | | | | |  | | | | Weekly and when requires . | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Facility to supply linen | | | | | |  | | | | Yes | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | No specific time to make bed | | | | | |  | | | | Yes | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Staff to distribute clean towels and collect dirty towels | | | | | |  | | | | Yes | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | All clothes washed by aged care service | | | | | |  | | | | Yes | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Name labels to be applied by family/ | | | | | |  | | | | Yes | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | Oral / Dental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details - refer to Teeth/Denture details in Summary of preferences | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Level of Assistance | | | | | | | | | | | | | | | | | |  | prevent dental issues | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | | | | | | | | | | | |  | |  |
|  | For my oral/dental hygiene to be provided in accordance with my needs/preferences. | | | | | | | | | | | |  | |  |  | | | | | | | | | | | |  | |  |
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|  |  | | Own Teeth | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  | |  |
|  |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
|  |  | |  | Staff to assist Judith to brush her teeth twice a day after morning shower and before going to bed at night | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Denture | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | State of mouth | | | | | |  | | | | good | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | State of gums/lips | | | | | |  | | | | good | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | State of tongue | | | | | |  | | | | good | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | State of teeth/dentures | | | | | |  | | | | good | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Details re teeth as relevant | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | 21/03/22 small piece of tooth fell out, nil pain, does not want to go to the dentist, does not want son notified about this. | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Tooth or mouth pain - Y/N | | | | | |  | | | | No | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Lesions/Sores/Lumps | | | | | |  | | | | no | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Please refer to other Dental problems in Nutrition Needs section | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  | Skin / Wound | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Related to: | | | | | | | | | | | | | | | | | |  | Skin care | | | | | | | | | | | | | | | | | | |  | |  |
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|  | For my skin integrity to be maintained with physical assistance For complications associated with impaired skin integrity to be minimised. for my comfort and quality o life to be emaximised | | | | | | | | | | | |  | |  |  | |  |
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|  |  | | Skin/Wound Issues: | | | | | |  | | | | | | | | | | | |  | Care strategies | | | | | | |  | | QV lotion | | | | |  | | | | |  | |  |
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|  |  | | Judy has very fragile skin, prone to have skin tears Urinary incontinence | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | Maintenance strategies | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | |  | Dry, fragile skin - easily damaged and risk of acquiring skin tears. Gentle liberal application of emollient cream BD, paying particular attention to arms and legs., Gentle washing and drying of skin, patting, no rubbing.Protective clothing - long sleeves and leg coverings or limb protectors. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Skin Condition: | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | /Present Conditions: | | | | | |  | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | | | | | | | |  | Pressure area care | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | 10/11/23 Skin lesions (L) upper arm. (L) thigh S/B Dr Ruba, skin cancers 5/1/23 - lesion (R) upper arm 5/1/23 - Review Dr Ruba - for excision . Discussed with Judith and family 2/2/23 - S/B Dr Ruba - excisions have been arranged 22/2/23, 1/3/23 05/04/22 Skin tear to L upper arm. 3/6/22, wound resolved without complication  12/5/22. Bruises both arms and legs. Small skin tear R side nose. Bruised back among skin lesions. 10/11/22 left upper arm & left thigh ? skin cancer Dr Ruba informed 12/1/23 skin discoloration on her back scale like skin on her back - resolving with emollient 28/2/23 massive bruise on left | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Times to reposition person within a 24 hr period | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | On rising , Before or after meals, morning & afternoon tea - Before bed. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Emollient/barrier cream | | | | | | |  | | moisturizer BD | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Times to apply cream(s) within a 24 hr period | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Apply Cream after morning shower and before bed at night | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Pressure relieving devices | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Gel Cushion | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Strategies to prevent pressure ulcers | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | 3-4/24 PAC On rising, before or after meals, morning & afternoon tea, before bed and overnight during care. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Finger /Toe Nail problems: | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  | | | | | | | | | | | | | | | arm, shoulder to elbow. Says she woke up and it was there. 7/3/23 bruising is fading. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Bruises | | | | | |  | | | | Yes | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Flaky / Dry Skin | | | | | |  | | | | Yes | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Finger /Toe Nail problems | | | | | |  | | | | Yes | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Skin Condition: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Other Skin Condition Issues: | | | | | |  | | | |  | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Judy's skin is very fragile 12/1/23 skin discoloration on her back scale like skin on her back 30/12/23 bruising reported by resident on her left upper arm | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Norton Score: | | | | | |  | | | | 11 | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | Sensory Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | : | | | | | | | | | | | |  | | Related to: Seizures: | | | | | |  | | | | no | | | | | |  | |  | Details of sensory pain for staff to manage: | | | | | | |  | | Judy has swollen feet | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Dizziness: | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  | | | | | | | |  | |  | | | |  | | | | | |  | |  | Taste Problems: | | | | | | |  | | no | | | | |  | | | | |  | |  |
|  |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | | |  | |  |
|  |  | | | | | | | |  | | Judy experiences dizziness. Encourage her to change positions slowly, sit on side of the bed or c for a short time before getting up | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | |  | | | | |  | |  |
|  | For my sensory deficits to be met with physical assistance from staff accroding to my and for any complications to be minimised | | | | | | | | | | | |  | |  |  | |  | | | | |  | |  |
|  |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | Tingling: | | | | | |  | | | | No | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Identifies aromas: | | | | | |  | | | | Good | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  | Nutrition Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  | Hydration : | | | |  | | | | | | | |  | | Dental problems that may impact: | | | | | |  | | | |  | | | | | |  | |  | Food Allergies | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | | | | | |  | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | | | | | |  | |  | | | |  | | | | | |  | |  | Diet type: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | |  |
|  | For hydration which supports my health outcomes, is enjoyable and promotes wellness and social inclusion | | | | | | | | | | | |  | | 21/03/22 small piece of tooth fell out, nil pain, does not want to go to the dentist, does not want son notified about this. | | | | | | | | | | | | | | | | | |  |  | |  |
|  |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | Please note Diabetes details on front page - if so, provide Diabetic diet and conduct Diabetes Monitoring as noted, refer to other relevant Nutrition details below | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  |  | |  |
|  | Nutrition : | | | |  | | | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Attitude to food / appetite : | | | | | |  | | | | sometimes she experiences indigestion | | | | | |  | |  |  | |  |
|  | For my weight to remain stable whilst eating the foods I enjoy. | | | | | | | | | | | |  | |  | | | |  | |  |  | |  |
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|  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Normal | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Diet Type | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Normal diet- please offer milk based drinks with all meals. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Religious / Cultural dietary needs: | | | | | | |  | | Nil special needs | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Taste problems to monitor: | | | | | | |  | | no | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Food & Fluid likes/dislikes: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Food likes | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | weetbix, cucumber sandwich, chicken nuggets Scrambled eggs, fish battered, deserts, quiche | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Food dislikes: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | onion, garlic, chilly, spices. I can't eat these foods due to indigestion | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Serve Size: | | | | | | |  | | Small | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Fluid dislikes: | | | | | | |  | | coffee | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Fluid likes: | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Readiness to eat related answers | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Preffered Seating Location | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Breakfast | | | | | | |  | | Own Room | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Lunch | | | | | | |  | | Own Room | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Dinner | | | | | | |  | | Own Room | | | | |  | | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Eating Aids / Utensils Details | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Plate | | | | | | |  | | Normal | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Specific eating aids/utensils | | | | | | |  | | Right handed spoon | | | | |  | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | |  | | | | |  | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cup/saucer (type other options if not shown in the list) | | | | | | |  | | Thermal Mug | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Special cutlery | | | | | | |  | | Right Handed Spoon | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Detail intervention to provide | | | | | | |  | | Meals to be cut up by staff | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other Staff provide | | | | | | |  | |  | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Staff are required to cut up Judy's meal for her. Position meal within reach. Supervise her eating to ensure adequate nutrition is consumed. | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | |  | | | | |  | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Swallowing difficulty details | | | | | | |  | | no | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Functional Assessment answers - please refer to Summary Page 2 | | | | | | | | | | | | | | | | | | |  | | |
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|  | Nutrition Risk Screening Tool Interventions - Refer to detailed NRST Assessment also | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Interventions are based on risk score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | ..................................................................................................................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | LOW: If score = Low Risk (1-10) repeat NRST 3 monthly or more often if obvious health changes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | HIGH: If score = High Risk (20+) follow Moderate Interventions below and refer to Dietitian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | MODERATE: If score = Moderate Risk (11-19) or High Risk (as above) complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. Person inappropriately gained weight | | | | | | | | | | | | | | | | | | | | |  | | | | No, go to Q 2 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |
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|  | 2. Person has an appetite | | | | | | | | | | | | | | | | | | | | |  | | | | Yes, go to Q 3 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |
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|  | 3. Person manages larger serves of all meals | | | | | | | | | | | | | | | | | | | | |  | | | | No, go to Q 4 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |
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|  | 4. Person manages double serves of s | | | | | | | | | | | | | | | | | | | | |  | | | | No, go to Q 5 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |
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|  | 5. Level 1 interventions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 6 & 7. Level 2 or Level 3 interventions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 8. If High Risk - refer to Dietitian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Speech Pathology Details - interventions only show below if applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Oral medication administration directives | | | | | | | | | | | | | | | | | | | | |  | | Speech Pathology Meal Time Care Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Oral to be crushed? | | | | | | |  | | | No | | | | | | | | |  | |  | | Strategies for safe swallowing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | |  |  |
|  | RN Instructions re Med Admin | | | | | | |  | | |  | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
|  |  | | |  | | | | | | | | |  | |  | | Ensure /upright (90deg); head tilted forwards, chin towards chest (chin tuck) | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | |  | |  | | | |  |  |
|  | Judy takes medication whole, one at a time, with plenty of water. Staff to stay with her until ingested. Judith Self administers Nasonex - nasal spray. Judith requires physical assistance with . Judy displays poor movement, and accuracy, reduced hand dexterity and quality of movement. Judy has reduced visual spatial abilities with reduced may have difficulty seeing her . Judy has poor hand/eye coordination, hand stiffness, poor grasp and strength, with reduced accuracy and slow movement, affecting her ability to manipulate smaller articles such as her . Staff are to stay with Judy throughout the whole medication process, to ensure safe ingestion. | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |  |  |
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|  |  | | Avoid distractions; concentrate on chewing, swallowing, not talking/watching tv | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
|  |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
|  |  | | Modified cutlery, crockery and non-slip mats | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Ensure dentures clean and fit firmly | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
|  | Tablets administered | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |  |  |
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|  |  | | Clear throat whenever voice sounds 'wet/gurgly' | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | |  | |  | | | |  |  |
|  | Whole | | | | | | |  | | | Yes | | | | | | | | |  | |  | |  | |  | | | |  |  |
|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | |  | |  | | | |  |  |
|  | Details re crushing meds OR other methods | | | | | | |  | | | One medication at time with water | | | | | | | | |  | |  | |  | |  | | | |  |  |
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|  |  | | |  | |  | | Eating and Drinking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Encourage to eat/ drink slowly, take small amounts, rest between mouthfuls | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Alternate eating with drinking to clear left over food, drink between courses | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Ensure swallows what is in mouth before next mouthful | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Cough or clear throat if voice sounds 'wet', 'gurgly' or food sticking post swallow | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Provide oral hygiene at completion of every meal | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | After meal/ drink, leave person upright for the specified time (in minutes) | | | | | | | | | | | | |  | | 30 minutes | | | | | | | | | | |  | | | |  |  |
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|  | Discomfort / Pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | | | | | |  | |  | Description | | | | | | | | | | | | | | | | | | |  | |  |
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|  | For pain to be identified and managed according to my preferences by physical assistance from staff | | | | | | | | | | | |  | |  |  | |  |
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|  |  | |  | Relevant medical diagnoses to consider | | | | | |  | | Cellulitis,Anaemia, CABG x4 (2018), Ovarian Cancer, GORD, Hyperlipidemia, Multiple falls/syncope, Urinary incontinence, Osteoarthritis, Eczema, Lumbar back and hip pain, Renal Failure after Sepsis with C diff (2021),Dry eye syndrome, AMD cataract treated by L IOL implant, nausea, Anxiety, Depression | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Details of Pain Scale and assessed score - i.e. Abbey Pain Scale | | | | | |  | | ABBEY | | | | | | | | |  | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Intensity | | | | | |  | | 5 | | | | | | | | |  | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Directive 12.3 Carer Massage – Care staff to provide gentle therapeutic massage to Judith ‘s lower back for 5 minutes daily, ensuring at least 20 minutes of staff time | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | per week. Staff should utilise an appropriate massage medium for the treatment such as a moisturising lotion. Technique: gentle circular strokes. This will assist in the of Judith’s lower back pain.   (P1) Cervical/upper trapezius pain ( ABBEY 5) Type: sore ache Aggravating Factors: aggravated with neck movements of rotation and lateral flexion (looking around, dressing), sustained postures (sitting, lying), attempting to elevate the shoulders  Physical Assessment: Tightness of the upper trapezius/levator scapulae muscles. Stiffness in the cervical central spinous processes. Forward | | | | | | | | |  | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | head position resulting in increased loading on the cervical extensor muscles.  (P2) Bilateral shoulder pain ( ABBEY 10) Type: intermittent ache  (P3) Lower back pain ( ABBEY 6) Type: intermittent generalised ache Aggravating Factors: sustained postures (sitting, lying in bed, standing), reaching out to the sides, bending over to reposition in c  Physical Assessment: Decreased movement of lower back due to pain from the quadratus lumborum. Muscle atrophy noted in the paraspinal muscles. On palpation, the PIV and central spinous processes were stiff | | | | | | | | |  | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | and reproduced pain.  (P5) Bilateral knee pain ( ABBEY 9) Type: intermittent ache Aggravating Factors: Sustained weightbearing (, prolonged standing), transfers (uncontrolled descent into c), knee flexion/extension   (P6) Bilateral calf pain ( ABBEY 4) Type: intermittent muscular ache Aggravating Factors: Wearing and removal of footwear, (push off), knee extension with ankle dorsiflexion (e.g. putting pants on/off) Physical Assessment: Limited foot clearance during ambulation. | | | | | | | | |  | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nature of Pain | | | | | |  | | Ache, Tight | | | | | | | | |  | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Details | | | | | |  | | Pain is exacerbated by activity and can be sudden and acute | | | | | | | | |  | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time of day present | | | | | |  | | Delivery of cares | | | | | | | | |  | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other expression of pain | | | | | |  | | Grimacing, Anxious, Decreased activity, Decreased socialisation | | | | | | | | |  | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | muscles, weakness, limited range of motion due to joint stiffness (crepitus through available range) (P3) Lower back pain ( ABBEY 6) Type: intermittent generalised ache Aggravating Factors: sustained postures (sitting, lying in bed, standing), reaching out to the sides, bending over to reposition in c  Physical Assessment: Decreased movement of lower back due to pain from the quadratus lumborum. Muscle atrophy noted in the paraspinal muscles. On palpation, the PIV and central spinous processes were stiff and reproduced pain.  (P5) Bilateral knee pain ( ABBEY 9) Type: | | | | | | | | |  | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pain relief Interventions including frequency of interventions | | | | | |  |  | Directive 12.3 Carer Massage – Care staff to provide gentle therapeutic massage to Judith ‘s lower back for 5 minutes daily, ensuring at least 20 minutes of staff time per week. Staff should utilise an appropriate massage medium for the treatment such as a moisturising lotion. Technique: gentle circular strokes. This will assist in the of Judith’s lower back pain. | | | | | | | | |  | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Musculoskeletal Pain: | | | | | | |  |  | | | | | | | | |  | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (P1) Cervical/upper trapezius pain ( ABBEY 5) Type: sore ache Aggravating Factors: aggravated with neck movements of rotation and lateral flexion (looking around, dressing), sustained postures (sitting, lying), attempting to elevate the shoulders  Physical Assessment: Tightness of the upper trapezius/levator scapulae muscles. Stiffness in the cervical central spinous processes. Forward head position resulting in increased loading on the cervical extensor muscles.  (P2) Bilateral shoulder pain ( ABBEY 10) Type: intermittent ache Aggravating Factors: Sustained postures (laying on side), reaching for objects, dressing (attempting overhead ), repetitive upper limb movements  Physical Assessment: Atrophy of the | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | deltoid muscles, weakness, limited range of motion due to joint stiffness (crepitus through available range) (P3) Lower back pain ( ABBEY 6) Type: intermittent generalised ache Aggravating Factors: sustained postures (sitting, lying in bed, standing), reaching out to the sides, bending over to reposition in c  Physical Assessment: Decreased movement of lower back due to pain from the quadratus lumborum. Muscle atrophy noted in the paraspinal muscles. On palpation, the PIV and central spinous processes were stiff and reproduced pain.  (P5) Bilateral knee pain ( ABBEY 9) Type: intermittent ache Aggravating Factors: Sustained weightbearing (, prolonged standing), transfers (uncontrolled descent into c), knee flexion/extension  Physical Assessment: Reduced range of motion in knee flexion/extension due to stiffness/pain. Pain with overpressure into extension (unable to fully extend the knee with guarding). Knees at risk of giving way due to quadriceps weakness.   (P6) Bilateral calf pain ( ABBEY 4) Type: intermittent muscular ache Aggravating Factors: Wearing and removal of footwear, (push off), knee extension with ankle | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | dorsiflexion (e.g. putting pants on/off) Physical Assessment: Limited foot clearance during ambulation. Decreased range of motion in plantarflexion/dorsiflexion due to calf tightness. Muscle atrophy in the soleus and gastrocnemius muscles. Tender to palpate in the middle to lower region of the lower leg. | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sensory Pain: | | | | | | |  | | Judy has swollen feet | | | | |  | | | | |  | | |
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|  | Sleep - Rest Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | : | | | |  | | | | | | | |  | | Difficulties: | | | | | |  | | | | Excessive Noise, Excessive light | | | | | |  | |  | Usual settling time: | | | | | | |  | | 2030 - 2100 | | | | |  | | | | |  | |  |
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|  | For my sleep and rest to be promoted with physical assistance For my safety and comfort and quality of life be maximised | | | | | | | | | | | |  | |  | | | | | |  | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | | | | | |  | | | |  | |  | Usual rest times: | | | | | | |  | | Yes | | | | |  | | | | |  | |  |
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|  |  | | Medical history: | | | | | |  | | | |  | | | | | |  | |  |  | |  | | | | |  | |  |
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|  |  | |  | | | |  | | | | | |  | |  | Usual waking time: | | | | | | |  | | 0800 | | | | |  | | | | |  | |  |
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|  |  | | Cellulitis,Anaemia,CABG x4 (2018),Ovarian Cancer,GORD,Hyperlipidemia,Multiple falls/syncope, Urinary incontinence, Osteoarthritis, Eczema, Lumbar back and hip pain, Renal Failure after Sepsis with C diff 2021, Dry eye syndrome AMD cataract treated by L IOL implant | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | |  | Amt Pillows: | | | | | | |  | | 1 | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Amt. blankets: | | | | | | |  | | 3 | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Other preferences and routines: | | | | | | |  | | Leave bathroom light on with bathroom door closed | | | | |  | | | | |  | |  |
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|  | Emotional / Relationship / Intimacy / Stress / Spiritual - Cultural / Social - Community Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | : | | | |  | | | | | | | |  | | Frequency of family visits: | | | | | |  | | | |  | | | | | |  | |  | Religion/ Belief: | | | | | | |  | | Church of England | | | | |  | | | | |  | |  |
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|  | Judy will be supported by staff emotionally and her living / quality of life needs will be met with the assistance as stated. | | | | | | | | | | | |  | |  | | | |  | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | | | |  | | | | | |  | |  | Minister / church to contact: | | | | | | |  | | Nil | | | | |  | | | | |  | |  |
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|  |  | | Judy's family lives in Sydney which makes it difficult for regular catchups | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | |  | Service participation: | | | | | | |  | | No thank you | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Issues re family / relationships: | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | Specific Spiritual needs / preferences: | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Feelings about relationships | | | | | |  | | | | I accept being here and the family lives in Sydney | | | | | |  | |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | |  | |  | Important to address | | | | | | |  | | Family and good health | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | I want staff to be aware of and to meet my physical, emotional and spiritual needs as per my | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Support needed by resident: | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Staff support strategies | | | | | | |  | | Spend one on one time with Judith | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Emotional support strategies | | | | | | |  | | no more at this point | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Support relationship with: | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Other important people | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Peter( son), Sandra( daughter in-law) , Alexa (granddaughter, Jenney( niece) , Peter Wicks | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | People resident wishes to contact / confide in: | | | | | | |  | | Peter, Sandra, Jenney | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Help required: | | | | | | |  | | Listening during phone calls | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Other residents / groups the resident wishes to be in contact with: | | | | | | |  | | I mix with people I know | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  | Religious/ holiday celebrations / traditions: | | | | | | | | | | | | | | | | | | |  | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Celebrations | | | | | | |  | | Christmas, Easter and Birthdays | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Traditions | | | | | | |  | | Australian traditions | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relaxation strategies: | | | | | | |  | | I enjoy watching TV | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ways to solve problems: | | | | | | |  | |  | | | | |  | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I like one on one time speaking with family when I am upset | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Assistance required: | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Staff assistance | | | | | | |  | | Id like staff to listen to me | | | | |  | | | | |  | | |
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|  | Behaviour Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | : | | | |  | | | | | | | |  | |  | | |  | | | | |  | | | | | | | | |  |  | Avoid these causes of: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | | | | | |  | | Issue/behaviour description | | |  | | | | | Judy has periods of anxiety and depression Cries wtih BP monitoring as causes pain and distress | | | | | | | | |  |  |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  |  |  | |  |
|  | Identified behaviours to be monitored and managed safely and appropriately with assistance For my privacy, dignity, comfort and choice to be maximised | | | | | | | | | | | |  | |  | | | | |  |  |  | |  |
|  |  | |  | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | |  | | | | |  |  | Stress: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | |  | | |  | | | | |  |  | If too many things are happening at once, I can become overwhelmed. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  | | | | |  |  | Anger: | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  | | | | |  |  | Blood pressures - causes pain and distress (bruising also) | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Usual time of day and duration the behaviour was exhibited | | |  | | | | | Can occur at anytime of day, duration can depend on severity of anxiety/depression  During BP monitoring | | | | | | | | |  |  |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | | |  |  | Anxiety: | | | | | | |  | | I can become anxious at times | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  |  | Depression: | | | | | | |  | | Sometimes I experience saddness | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  | | | | |  |  | Watch for the signs of these: | | | | | | |  | | I become quiet when upset | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | |  | | | | |  | | | | | | | | |  |  | How to assist resident when upset: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | | Amount of times on average per day that behaviour was exhibited | | |  | | | | | Twice daily | | | | | | | | |  |  |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  |  | How to prevent loneliness: | | | | | | |  | | I like my own company | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | |  | | | | |  |  | Cope: | | | | | | |  | | take things slowly | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Triggers or Warning Signs | | |  | | | | | Often when cares are offered | | | | | | | | |  |  |  | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Possible contributing factor(s) | | |  | | | | | Cognitive impairment Depression Anxiety. | | | | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Successful interventions used | | |  | | | | | Staff address Judith by name she likes to be called Judy. Speak in a soft gentle manner. Ask Judith if she would like anything See if she is hungry or thirsty | | | | | | | | |  |  |  | | | | | | |  | |  | | | | |  | | | | |  | |  |
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|  | | | | | | | | | | | | | | |  | | |  | | | | | Give reassurance Spend some one on one time with her Judy responds well to staff interaction, Listen actively, acknowledge feelings Peter (EPOA) wishes BP to be attended as last resort and only when absolutely necessay 4/1/24 | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Alternate / Unsuccessful Strategies | | |  | | | | | Nil | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Adverse Consequences | | |  | | | | | Nil | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Related Incidents to behaviour | | |  | | | | | NA | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Description of the consultation about the use of alternate strategies with the resident or the resident's representative. | | |  | | | | | 17/07/2023 : Via phone consultation with Peter at 1648 hours consent obtained for psychotropic meds. 3 monthly GP review. | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Are restrictive practices required? | | |  | | | | | No | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Issue/behaviour description | | |  | | | | |  | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |  | | |  | | | | | Judy will refuse care at times  Judy can exhibit anxiousness when she has lesions which she continues to pick and scratch at. | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Usual time of day and duration the behaviour was exhibited | | |  | | | | | Any time of day, but particularly when cares are being offered  If Judy has lesions she continually picks and scratches at them. | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Amount of times on average per day that behaviour was exhibited | | |  | | | | | Numerous times throughout the day | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Triggers or Warning Signs | | |  | | | | | Staff offering Personal Care to be attended | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Possible contributing factor(s) | | |  | | | | | Not feeling confident and in control Feelings of anxiousness | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |  | | |  | | | | | Negotiate a time to come back. Leave to settle and try again later Try a different staff member | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Alternate / Unsuccessful Strategies | | |  | | | | | Nil | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Adverse Consequences | | |  | | | | | Nil | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Related Incidents to behaviour | | |  | | | | | Picking at sores/lesions until they bleed, removing bandages continually dressings attended | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Effectiveness of Strategies | | |  | | | | | Judy happy with staff to come back to attend her cares when it suits Judy | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Description of the consultation about the use of alternate strategies with the resident or the resident's representative. | | |  | | | | | 17/07/2023 : Via phone consultation with Peter at 1648 hours consent obtained for psychotropic meds. 3 monthly GP review. | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Are restrictive practices required? | | |  | | | | | No | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | Behaviour demonstrated when upset: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | Social Work Psychosocial Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Relevant Assessment Details | | | | | | | | | | | |  | | Other details re person's presentation | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
|  | PAS | | | |  | 10.5 | | | | | |  |  | | Client behaviour - tick as many of the that apply | | | | | | | | | | | | | | | | | |  | Restraint Authorised by | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  |  | | | | | |  |  | |  |  | |  |
|  | Psychiatric Diagnosis | | | |  | DepressionAnxiety. | | | | | |  |  | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  | |  | Advance Directives in place | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Geriatric Depression Scale | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | |  |
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|  | Cornell Depression Scale | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Score / 38 | | | |  | 15 | | | | | |  |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Philadelphia Depression Scale | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Other Scale | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Review Psycho-Geriatrician | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Psychological and Emotional Supports | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Significant Life Events / Transitions / holocaust experience | | | |  | Nil to note | | | | | |  |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Legal / Financial | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Client Mood and Affect | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Carer Mood and Affect | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Client Social Adaptability | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Diversional Therapy / OT / Planned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | of /Therapies | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Aims of | | | | | | | | | | | |  | | Limitations / barriers observed | | | | | |  | | | |  | | | | | |  | |  | Physical | | | | | | | | | | | | | | | | | | |  | |  |
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|  | Aims | | | |  | | | | | | | |  | |  | | | |  | | | | | |  | |  | Reason / Need to participate in | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | | | | | |  | | Judy uses a to ambulate. If she needs to further than 15 metres staff will assist her in a wheelc according to her | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  | |  |
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|  | For my to be respected regarding attending I enjoy and support my wellbeing and social inclusion. | | | | | | | | | | | |  | |  |  | | | | | | | | | | | |  | |  |
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|  |  | |  | Judy will have the opportunity to maintain or improve her current physical abilities through social inclusion and staff support | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | Strategies | | | | | |  | | | | Judy's PAS is 4 | | | | | |  | |  |  | |  |
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|  | Life Story Details | | | |  | | | | | | | |  | |  | | | |  | |  |  | |  |
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|  | \* Born in Kempsey in 1933  \* Went to Dondingalong school from 1st year  \* Left at the end of 6th year to attend West Kempsey High School  \* Left at the end of 6th year to attend teachers college - Armidale for 2 years  \* Returned to Kempsey to teach at East Kempsey, Smithtown & West Kempsey  \* Met Lou in Kempsey at a Hockey game  \* Were Married 3 years later 1963  \* Peter born 04/03/1965 | | | | | | | | | | | |  | |  | | | | | |  | | | |  | | | | | |  | |  |  | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Judy will be offered the opportunity go on Bus trips according to her choice | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Judy will be offered the opportunity to participate in of her choice, that are inclusive and stimulating. Judy to continue reading the local paper. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Judy will be offered the opportunity to attend Live entertainment if she so chooses. Provide Judy with a copy of the local paper each week. | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | |  | | | | | |  | | | |  | | | | | |  | |  | Judy will be offered the opportunity to participate in and interact with others, according to her . Provide Judy with 1:1 visits. | | | | | | | | | | | | | | | | | | |  | |  |
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|  | \* Continued teaching until retirement around 2004 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | creative of her choice | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | Judy will be offered the opportunity to interact with the therapy ponies according to her choice. She also likes to interact with the therapy dog when it visits. | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Judy will be offered the opportunity to attend live music and scenic bus trips of her choice. Judy enjoys gardening. She has a terrarium in her room | | | | | | | | | | | | | | | | | | |  | | |
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|  |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | For Judy to make daily about her day, and clothes she wishes to wear, with her being respected by staff | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ensure that Judy is aware of upcoming by | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | checking in with her about what her preferences are | | | | | | | | | | | | | | | | | | |  | | |
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|  | Physiotherapy - Chest/Hot/Cold/Electrical/Other - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Chest Physio | | | | | | |  | Hot/Cold/Manual | | | | | | | | | | | | |  | | Electrical | | | | | | | | | | | | |  | Tilt Table Program | | | | | | | | | | | | | | | |  |  |
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|  | Chest Physio? | |  | No | | |  |  | Physio for pain m'ment | | | | | | | | | | | | |  | | Massage | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  |  |
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|  |  | |  |  | | |  |  | Ongoing | | | | | | |  | Yes | |  | | |  | | Area | | | |  | |  | | | | |  | |  |  | | | | | | | | | | | | | | | |  |  |
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|  |  | |  |  | | |  |  |  | | | | | | |  |  | |  | | |  | | ( Left lower limb abbey 7 ) (Bilateral shoulder pain -Abbey 10; Bilateral knee pain – Abbey 9; Lower back Pain – Abbey 6 | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  |  |
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|  |  | |  |  | | |  |  |  | | | | | | |  |  | |  | | |  | | Area | | | |  | | lower back | | | | |  | |  |  | | | | | | | | | | | | | | | |  |  |
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|  | Physiotherapy - Exercise Therapy - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Exercise Therapy | | | | | | |  | Active Movem'nt Program | | | | | | | | | | | | |  | | Exercise Programs | | | | | | | | | | | | |  | Splints / aids | | | | | | | | | | | | | | | |  |  |
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|  | Physiotherapy - /Gait/Walking - Refer to Physio Assessment AND Interventions Report also | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | /Trnsfrs | | | | | | |  | Gait Practice | | | | | | | | | | | | |  | | Walking Program | | | | | | | | | | | | |  | Walking Aids | | | | | | | | | | | | | | | |  |  |
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|  | Transfer Practice | | | | | | |  | In Parallel Bars | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  | AFO | | | | | | | | | | | | | | | |  |  |
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|  | Postural Correction | | | | | | |  | Walking | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  |  |
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|  | Podiatry Details as applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | - Footwear Risks | | | | | | | | | | | | | | | | | | | | |  | | Podiatrist Care Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Shoes ly reviewed | | | | | | |  | | | Yes | | | | | | | | |  | |  | | Podiatrist will see this person | | | | | | | | | | | | |  | | 6 weekly | | | | | | | | | | |  | | | |  |  |
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|  | Details re shoes to be used/considered | | | | | | |  | | | footwear is suitable | | | | | | | | |  | |  | | Foot care | | | | | | | | | | | | |  | | Podiatrist | | | | | | | | | | |  | | | |  |  |
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|  | Podiatrist footwear recommendations | | | | | | | | | | | | | | | | | | | | |  | | Podiatrist plan - including Foot Hygiene | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
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|  | Change footwear to have Velcro Straps | | | | | | |  | | | Yes | | | | | | | | |  | |  | |  | |  | | | | | | | | | | |  | | | |  |  |
|  |  | | |  | |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
|  |  | | |  | |  | | O/E - B/F nails long and thick, skin intact, NAD. Treatment - B/F nails cut and filed. Comments - Feet and toenails are to be washed and checked daily for infection or inflammation, fungi etc by care Any abnormality is reported to the RN.  Plan - review 6-8/52  Instrument sterilisation batch No. 14/01/24  Alexander Walker Podiatrist AHP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | Change footwear - non-slip soles | | | | | | |  | | | Yes | | | | | | | | |  | |  | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Podiatrist recommended interventions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Massage skin daily to hydrate skin | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Elevate legs to manage oedema | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Use protective footwear to relieve pressure/protect | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Wash/dry between toes thoroughly, wipe with alcohol swab/other product if excessive moisture present | | | | | | | | | | | | |  | | Yes | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | Current review details | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | |  |  |
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|  |  | | | | | | |  | | |  | | | | | | | | |  | |  | | O/E - B/F nails long and thick, skin intact, NAD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Comments - Feet and toenails are to be washed and checked daily for infection or inflammation, fungi etc by care Any abnormality is reported to the RN.  Plan - review 6-8/52  Instrument sterilisation batch No. 14/01/24  Alexander Walker Podiatrist AHP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Advanced Health Directives / Palliative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | |  | | Relevant Assessment Details | | | | | | | | | | | | | | | | | |  | Interventions | | | | | | | | | | | | | | | | | | |  | |  |
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|  | : | | | |  | | | | | | | |  | | Family / Advocate discussion: | | | | | |  | | | | Yes | | | | | |  | |  | Specific wishes re care: | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | | | |  | | | | | | | |  | |  | | | |  | |  |  | |  |
|  | My wishes and preferences will be met according to my AHD | | | | | | | | | | | |  | |  | | | |  | |  |  | |  |
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|  |  | |  | | | |  | |  | When Dying: | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | Date: | | | | | |  | | | | 17/07/2023 | | | | | |  | |  |  | | | | | | | | | | | |  | |  |
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|  |  | |  | | | |  | |  | ACD: NOT FOR RESUS NOT FOR ANY LIFE PROLONGING MEASURES FOR HOSPITAL TRANSFER (Please call POA first)17/07/2023: ACD review via phone consultation at 1647 hours with Peter | | | | | | | | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Name of person/s outlining wishes: | | | | | |  | | | |  | | | | | |  | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Peter - 13/10/2021 Judith - 14/10/2021 | | | | | | | | | | | | | | | | | |  |  | |  |
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|  |  | | | |  | | | | | | | |  | | Medical Power of Attorney: | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | POA present: | | | | | |  | | | | Yes | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Medical POA details | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Name: | | | | | |  | | | | Peter | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Relationship to person: | | | | | |  | | | | Son | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  |  | | | |  | | | | | | | |  | | Funeral Director details: | | | | | |  | | | | Robert Walker funerals Kempsey - (02) 6562 4329 | | | | | |  | |  |  | | | | | | |  | | | | | | | | | | | |  | |  |
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|  | Complementary Therapy Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |